

Case Number:	CM15-0057479		
Date Assigned:	04/02/2015	Date of Injury:	09/20/2012
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 09/20/2012. The injured worker is currently diagnosed as having lumbar strain, quadratus lumborus strain, ligament/muscle strain and spasm, failed back syndrome, and bilateral L4-L5 lumbar radiculopathy. Treatment to date has included lumbar surgery, lumbar spine MRI, epidural steroid injection, chiropractic treatment, acupuncture, physical therapy, home exercise program, and medications. In a progress note dated 02/12/2015, the injured worker presented with complaints of continued lumbar spine pain which radiates to both legs. The treating physician reported requesting a second epidural in the bilateral L4-L5 level of the lumbar spine. Prior ESI gave 30% pain relief for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the provider noted 30% pain relief for 6 months after prior injection. As there was not at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from the previous epidural injections, there is no clear indication for repeating the procedure. As such, the currently requested lumbar epidural steroid injection is not medically necessary.